

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	101796466	FILING DATE
APPLICANT(S)		

7/25/70

CLAIMS

AS FILED	AFTER		AFTER			
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
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TOTAL IND.		3	3			
TOTAL DEP.						
TOTAL CLAIMS		6				

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